

NON-REPAIRABLE VEHICLE NOTICE OF RETENTION BY OWNER

VEHICLE IDENTIFICATION NUMBER		MOTORCYCLE ENGINE NU	MBER	MAKE		CALIFORNIA LICENSE PLATE
Vahiala Oversar/a)		AST NAME		FIRST		MIDDLE
Vehicle Owner(s) as of the Date of Loss		AST NAIVIE		rinoi		MIDDLE
uo or 1110 Duto or 2000	☐ AND L	AST NAME		FIRST		MIDDLE
	OR					
	ADDRESS					
	CITY			STATE		ZIP CODE
Insurance Company Reporting Retention of this Non-Repairable Vehicle	and, as req settlement for a Non-F Motor Vehi	uired by <i>California Ve</i> of loss date, he/she manale Repairable Vehicle Ce cles' database record	ehicle Code §11515.2 nust surrender the vel ritificate. The vehicle of I for the vehicle will re	2, he/she ha hicle's Certi owner(s) ha eflect a "Nor	s been notified ficate of Title a s also been no n-Repairable V	een retained by the owner(s I that, within 10 days of th nd license plates, and appl tified that the Department o ehicle" notation (brand).
	DATE		TURE FOR INSURANCE COM	IPANY	PRINTED NAME	
	INSURANCE COM	MPANY NAME				
	INSURANCE COM	MPANY ADDRESS				
	DATE OF LOSS		CLAIM NUMBER		DA	YTIME TELEPHONE NUMBER
					()
DEPARTMENT OF MOTOR PRINCELSS A Public Service Agency	* * * * * *	NOTICE OF RE	AIRABLE VEHION BY (* * * * * * * * *	OWNER	* * * * * *	
VEHICLE IDENTIFICATION NUMBER		MOTORCYCLE ENGINE NU	MBER	MAKE		CALIFORNIA LICENSE PLATE
Vehicle Owner(s)	L	AST NAME		FIRST		MIDDLE
as of the Date of Loss						
		AST NAME		FIRST		MIDDLE
	L OR ADDRESS					
	CITY			STATE		ZIP CODE
Insurance Company Reporting Retention of this Non-Repairable Vehicle	and, as req	uired by <i>California Ve</i> of loss date, he/she m	ehicle Code §11515.2 nust surrender the vel ertificate. The vehicle	2, he/she ha hicle's Certi owner(s) ha	s been notified ficate of Title a s also been no	een retained by the owner(s I that, within 10 days of th nd license plates, and appl
Vehicle	Motor Vehi	cles' database record				tified that the Department of the control of the co
Vehicle		AUTHORIZED SIGNA	I for the vehicle will re		PRINTED NAME	
Vehicle	Motor Vehic	AUTHORIZED SIGNA				
Vehicle	Motor Vehi	AUTHORIZED SIGNA				tified that the Department on the dehicle" notation (brand).

MAIL COMPLETED FORM TO: Department of Motor Vehicles, P.O. Box 932345, Sacramento, CA 94232-3450

CLAIM NUMBER

DAYTIME TELEPHONE NUMBER

DATE OF LOSS